Foster Family Home - Corrective Action Report

Provider ID:

1-210025

Home Name:

Martha Anna Tia, CNA

Review ID:

1-210025-1

56-367 Huehu Street

Reviewer:

David Ayling

Kahuku

HI 96731

Begin Date:

3/17/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/17/21. Home will receive a 2 bed certification.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - CG #2 and HHM #1 need current APS/CAN and Fingerprints.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

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41.(b)(8) - CG #2 needs proof of current certification for CPR/First Aid and Blood Borne Pathogen.

Compliance Manager

Primary Care Giver

Date 3 17 W 2 1

3/17/2021 12:45:27 PM

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Martha Anna Tia

CCFFH Address:

(PLEASE PRINT) 56-367 Huehu St., Kahuku, HI 96731

(PLEASE PRINT)

Rule	Compositive A. II		
Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8a(1) (2) 41(b) (8)	I received current APS/CAN and Fingerprints from CG #2 and HHM #1. I placed the results in my ccffh binder. I received current CPR/First Aid and Blood Borne Pathogen certificates from CG #2. I placed the certificates in my ccffh binder.		I will keep the expiration date for APS/CAN and Fingerprints, CPR/First Aid and Blood Borne Pathogen fot all CG's amd HHM's on my computer calender. I have set the expiration dates to 1 month prior to expiration.

1		-
1	All items that were fixed are attached to this CAF	D
	Jan Januarica to this CAI	

PCG's Signature:

Date: 4/25/2021

CTA has reviewed all corrected items